

## **DIRECTIONS FOR COMPLETING THE EDUCATION FOR HOMELESS CHILDREN AND YOUTH TRANSPORTATION REIMBURSEMENT FORM**

When the school of origin is in a school district different from the one in which the homeless student is temporarily residing and a determination is made that the student should remain at the school of origin, transportation may be provided. Both districts must equally split the excess cost of transporting a homeless student to the school of origin or to the school of best interest.

**It is the resident district's responsibility to fill out and submit the homeless transportation reimbursement form to our department for both districts involved.**

### **2 non-grant districts**

Resident district submits one reimbursement form signed by both districts for both districts. (Costs will be split equally between the two districts.) DESE will reimburse both districts one-half of the transportation costs minus their state transportation reimbursement amount (one half of the total mileage).

### **1 non-grant and 1 grant district**

Non-grant district submits one reimbursement form for one-half of the transportation costs. DESE will reimburse that district for one-half the transportation costs minus their state transportation reimbursement amount (one half of the total mileage). Grant district may not apply for homeless transportation reimbursement, but they must sign the form.

### **Resident non-grant district transporting within district**

Resident district submits reimbursement form for total transportation costs minus state transportation reimbursement.

**Complete and submit this form each month.** Homeless Transportation Reimbursement requests must be from the current fiscal year and must be submitted after the actual transportation has occurred. No prior year reimbursements will be funded. Reimbursement funding will be distributed until funds are depleted. **Sections I-IV must be completed in their entirety in order for each district to be reimbursed.** Reimbursement will be given to school districts that are not receiving a McKinney Homeless Children and Youth Program sub-grant.

### **Section I**

Complete **all** of the school district information as requested for **both** the resident and attending district.

### **Section II**

Provide each cost per district, the total cost for transportation services, and the month transportation occurred.

### **Section III**

The resident district must sign and date this form.

### **Section IV**

The attendance district must sign and date this form.

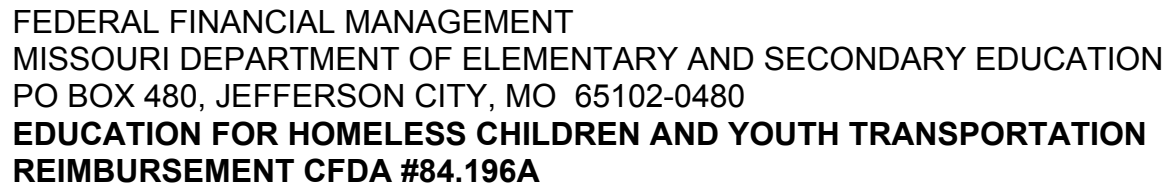
### **Section V**

**To be completed by DESE staff only.**

Mail or Fax the form to:

**Federal Financial Management  
Missouri Department of Elementary and Secondary Education  
PO Box 480  
Jefferson City, MO 65102-0480  
FAX: 573-526-6698**

NOTE: The sample documentation form is for your use only. Do not submit it to DESE. It is suggested that your district keep the information on the optional form (for auditing purposes) along with any billing records until three years after the fiscal year ending in June.



SECTION I - SCHOOL DISTRICT INFORMATION						
SCHOOL DISTRICT WHERE CHILD IS RESIDING (A):			COUNTY-DISTRICT CODE	SCHOOL DISTRICT WHERE CHILD IS ATTENDING (B):		COUNTY-DISTRICT CODE
CONTACT PERSON		TITLE		CONTACT PERSON		TITLE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

SECTION II - TRANSPORTATION INFORMATION		
COST PER DISTRICT (A):	\$ _____	
COST PER DISTRICT (B):	\$ _____	FOR THE MONTH OF _____, 20 ____.
TOTAL TRANSPORTATION COSTS:	\$ _____	

**SECTION III - RESIDENT DISTRICT CONTACT SIGNATURE (A)**

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE

SECTION IV - ATTENDANCE DISTRICT CONTACT SIGNATURE (B)	
_____	_____
SIGNATURE	DATE

SECTION V - FOR DESE USE ONLY			
RESIDING DISTRICT PORTION OF TRANSPORTATION COST	\$	ATTENDING DISTRICT PORTION OF TRANSPORTATION COST	\$
LESS STATE PUPIL TRANSPORTATION REIMBURSEMENT RATE:	\$	LESS STATE PUPIL TRANSPORTATION REIMBURSEMENT RATE:	\$
TOTAL MCKINNEY HOMELESS FUNDS REQUESTED:	\$	TOTAL MCKINNEY HOMELESS FUNDS REQUESTED:	\$

**NOTE: The sample documentation form is for your use only. Do not submit it to DESE. It is suggested that your district keep the information on the optional form (for auditing purposes) along with any billing records until three years after the fiscal year ending in June.**

<b>SAMPLE FORM TO DOCUMENT NUMBER OF HOMELESS CHILDREN TO BE TRANSPORTED (DO NOT SUBMIT THIS PORTION TO OUR OFFICE)</b>			
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION